

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2004

Application or Docket Number

10/511338

15 OCT 2004

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	FEES	RATE
BASIC FEE		OR BASIC FEE
X \$ 9 =		950
X \$ 44 =		OR X \$ 18 =
+ \$ 150 =		36
TOTAL		OR X \$ 88 =
		88
		OR + \$ 300 =
		TOTAL

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	NYC	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	22	Minus	** 22 = <input checked="" type="checkbox"/>
Independent	4	Minus	*** 4 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 9 =		OR X \$ 18 =
X \$ 44 =		OR X \$ 88 = <input checked="" type="checkbox"/>
+ \$ 150 =		OR + \$ 300 =
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESNT EXTRA
Total	20	Minus	** 20 = <input checked="" type="checkbox"/>
Independent	4	Minus	*** 4 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	RATE	ADDITIONAL FEE	RATE
Total	X \$ 9 =		OR X \$ 18 =
Independent	X \$ 44 =		OR X \$ 88 =
	+ \$ 150 =		OR + \$ 300 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	TOTAL ADDT. FEE		OR TOTAL ADDT. FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESNT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	RATE	ADDITIONAL FEE	RATE
Total	X \$ 9 =		OR X \$ 18 =
Independent	X \$ 44 =		OR X \$ 88 =
	+ \$ 150 =		OR + \$ 300 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	TOTAL ADDT. FEE		OR TOTAL ADDT. FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.